

Georgia Medicare Advantage and Cost Prescription Drug Plans

*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Aetna Health Inc.(Georgia)	Aetna Golden Medicare Value Plan	6%	\$0.00	•							•	•			•	82
	Aetna Golden Medicare Standard Plan	6%	\$36.53	•					•			•	•		•	82
	Aetna Golden Medicare Premier Plan	6%	\$42.07	•					•			•	•		•	82
Aetna Life Insurance Company	Aetna Golden Choice Standard Plan	6%	\$31.46		•						•	•			•	82
Humana Insurance Company	Humana Gold Choice PFFS H1804-006	17%	\$0.00				•		•			•			•	97
	HumanaChoicePPO PPO H5214-001	28%	\$10.01		•				•			•	•		•	97
	HumanaChoicePPO PPO R5826-031	100%	\$21.32			•			•		•	•			•	97
	Humana Gold Choice PFFS H1804-013	59%	\$30.89				•		•			•			•	97
	Humana Gold Choice PFFS H1804-014	24%	\$30.89				•		•			•			•	97
	HumanaChoicePPO PPO R5826-004	100%	\$32.47			•			•			•			•	97
	HumanaChoicePPO PPO H5214-003	28%	\$33.12		•				•			•			•	97
Instil Health Insurance Company	InStil InChoice - Option I	4%	\$0.00	•	•				•	•		•			•	96
	InStil InChoice Option I - Regional	100%	\$35.28			•			•			•			•	96
	InStil InChoice - Option I	4%	\$35.69		•				•			•			•	96
	InStil InChoice - Option I	6%	\$35.73		•				•			•			•	96
	InStil InChoice - Option I	3%	\$36.00		•				•			•			•	96
	InStil InChoice - Option II	4%	\$41.64		•				•			•	•		•	96
	InStil InChoice Option II - Regional	100%	\$41.87			•			•			•	•		•	96
	InStil InChoice - Option II	3%	\$43.16		•				•			•	•		•	96
	InStil InChoice - Option II	4%	\$43.31		•				•			•	•		•	96
	InStil InChoice - Option II	6%	\$43.38		•				•			•	•		•	96
Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	33%	\$0.00	•					•			•				67
United Healthcare Insurance Company	Evercare Plan IP	40%	\$27.13		•				•			•			•	96
	Evercare Plan DP	29%	\$33.15		•				•			•			•	96
United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	7%	\$0.00	•					•			•			•	96
	Evercare Plan DH-ES	7%	\$18.61	•					•			•			•	96
Wellcare Of Georgia, Inc.	WellCare Prescription Plus	7%	\$0.00	•					•			•	•		•	84
	WellCare Prescription Plus	6%	\$0.00	•					•			•	•		•	84
	WellCare Choice	6%	\$0.00	•					•			•			•	84
	WellCare Choice	7%	\$0.00	•					•			•			•	84
	WellCare Select	7%	\$8.29	•							•	•			•	84
	WellCare Select	6%	\$8.29	•							•	•			•	84
	WellCare Access	6%	\$25.35	•							•				•	84
	WellCare Access	7%	\$25.35	•							•				•	84